

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075756

Entity Name: ANTHONY M. D'AGOSTINO, M.D., P.A.

FILED  
Jan 04, 2005  
Secretary of State

**Current Principal Place of Business:**

1172 GOODLETTE ROAD  
SUITE 201  
NAPLES, FL 34102

**New Principal Place of Business:**

1172 GOODLETTE ROAD  
SUITE 201  
NAPLES, FL 34102 US

**Current Mailing Address:**

1172 GOODLETTE ROAD  
SUITE 201  
NAPLES, FL 34102

**New Mailing Address:**

1172 GOODLETTE ROAD  
SUITE 201  
NAPLES, FL 34102 US

FEI Number: 65-0784947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

D'AGOSTINO, LOUIS D  
CHEFFY PASSIDOMO WILSON & JOHNSON LLP  
821 FIFTH AVENUE SOUTH SUITE 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: D'AGOSTINO, ANTHONY M  
Address: 1172 GOODLETTE ROAD STE 201  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: D'AGOSTINO, ANTHONY M MD  
Address: 1172 GOODLETTE ROAD STE 201  
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY M. D'AGOSTINO, M.D.

PRES

01/04/2005

Electronic Signature of Signing Officer or Director

Date